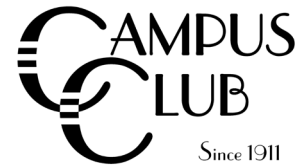


Auto Pay Authorization



I hereby authorize The Campus Club to withdraw my monthly payments from my credit card or bank account.

- Your credit card or bank account will be debited monthly until we have received written notification with your signature of its termination or until your credit card number is no longer valid.
- Your payment will not be posted to your account if the credit card transaction is not approved for any reason, including insufficient funds, closed or unauthorized accounts.
- If you dispute your bill amount, want to stop a payment, or change the credit card number, submit your request in writing to Campus Club.
- Campus Club is not responsible for any unauthorized fees on your credit card statement.
- You are required to pay any fees that incur while processing your payment.

Please provide the following information:

Billing Name & Address (As it appears on your credit card or bank statement. Please Print):

_____ Campus Club Membership # _____
_____ Best Phone Number _____
_____ Email Address _____

Automatic Payments will be processed between the 20th and 25th of each month.

By signing below, I authorize Campus Club to initiate debit entries and, if necessary, initiate adjustments for any entries in error to my account indicated above. This authority will remain in full force and effect until Campus Club has received a written notice of its termination. Campus Club reserves the right to cancel this agreement at any time.

Signature _____ Date _____

Credit Card Type _____ Expiration Date (MM/YY) ____/____

Credit Card Number _____

OR

Bank Account Type (circle) Checking Savings Bank Name _____

Routing Number _____ Account Number _____